

Utah Behavioral Health Planning and Advisory Council
Preliminary Meeting Minutes
February 7th, 2019, 12:00 p.m.
Multi-Agency State Office Building, Room 2026
195 N 1950 W, Salt Lake City

“Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services.”

COUNCIL MEMBERS PRESENT: Rafael Montero, Peggy Hostetter, James Park, Jeanine Park, Don Cleveland, Dave Wilde, Kim Gardiner, Emily Bennett, Lori Cerar, Owen Ashton, Cathy Davis, Lisa Hancock, Dan Braun, Ken Rosenbaum, Sigrid Nolte, Finnigan Green, Jacob Russell (remote), and Jennifer Marchant (remote)

DSAMH STAFF PRESENT: Jeremy Christensen, Pam Bennett, Shanel Long

OTHERS PRESENT: Adam Scherzinger, Codie Thurgood, Kyli Rodriguez-Cayro, Nettie Byrne

COUNCIL MEMBERS EXCUSED: Heidi Petersen, Robert Snarr, Jane Lepisto, Shanin Rapp, Christina Zidow

Welcome, Introductions, December meeting minutes review, new member applications, and announcements:

Owen began the meeting and introductions were made around the room.

The application for Lisa Hancock was reviewed and approved by the Executive Committee. Owen asked for a motion for final approval of her application. Ken gave a first motion, Jeanine gave a 2nd motion, all members voted in favor and Lisa’s application was approved. Welcome to UBHPAC Lisa!

Owen asked for a motion to approve the minutes from January. Lisa gave a 1st motion to approve the minutes, Jeanine gave a 2nd, all voting members were in favor and the motion passed unanimously.

Announcements:

The Generations Conference will be held April 15th & 16th at the Salt Palace Convention Center, 100 So. West Temple. There are scholarships available for UBHPAC members that would like to attend. Nettie will email out forms and instructions for registering.

The Executive Committee has invited more members to attend. Rafael Montero, Jennifer Marchant, and Emily Bennett have agreed to sit on the Executive Committee. Owen asked for a motion for approval from the full Council. Dan gave a 1st motion, Jeanine gave a 2nd, all were in favor and the additional members of the Executive Committee were approved. Thank you to Rafael, Jennifer, and Emily for their added participation!

Kim announced that a NAMI Utah walk will be taking place on May 4th 2019, at the Veterans Memorial Park in West Jordan. Those interested can register at <https://www.namiut.org/news-and-events/nami-walks>. Kim also brought some fliers for anyone interested.

Nettie announced that the Voices of Change conference day will be Friday April 19th in Provo. Once the location and agenda are confirmed Nettie will send a registration link to the Council for those interested in attending. The event will focus on empowering families and youth in their communities.

Nettie also announced the Family Council of Utah will be hosting a suicide prevention training in Salt Lake in April as well. It is a four hour course and lunch will be provided. Nettie will forward those details to the Council as well.

Lori let the Council know that there will be another Family Resource Facilitator/Family Peer Support certification training the first week of March at the Allies with Families office, 230 W 200 S, SLC. Those interested in the certification process can contact Nettie or Lori for more details.

Transition Age Youth- What did and didn't work for me: Kyli Rodriguez-Cayro

Kyli Rodriguez-Cayro is a Cuban-American writer, mental health educator, and sex work activist based in Salt Lake City. Kyli also serves as the Assistant Youth Coordinator for the [UT-YES Grant](#). She is one of the founders of the [Youth of Utah Advocacy Coalition](#) — an organization that empowers mentally ill young adults, and youth who've been involved in the system, to have a leading role in shaping public policy, ending stigma, community building, and creating sustainable change. Kyli was the recipient of the 2018 Young Adult Leadership Voice Award by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Kyli grew up in an abusive home and developed self-harm habits and an eating disorder, which eventually led to various system involvement including Juvenile Justice, issues at school, and four different residential institution programs over a two year span. Despite the negative experiences in her young life, she was eventually inspired to do the work she does today to help others, especially her peers.

Kyli went on to describe what didn't work or what she felt was harmful during her years of treatment.

- Being punished and losing autonomy for having unhealthy coping skills, rather than professionals trying to get to the root cause. This type of treatment was more harmful and punitive than helpful.
- The long treatment stays, one of which was over 16 months, were especially not helpful. When Kyli was taken out of the community for that long and uprooted she lost friendships and supports she may have been able to maintain. It is especially hard for youth to try and rebuild supports after treatment, especially when any support they had at a facility is gone as soon as they are released. This makes accessibility a barrier as well. Youth and young adults especially have a hard time knowing and accessing the services or supports they may need in their communities.
- After treatment there were no safety or relapse plans in place, and no support system in place. Kyli was continually put back in the home of her abuser which only re-traumatized and retriggered the unhealthy behavior.
- Kyli also struggled with not having the right focus on her treatment. The professionals she worked with seemed more intent on the surface issues and how to stop it, rather than getting to the root of the problem, which was the abuse she endured at home. Because of the wrong focus she was labeled as out of control and defiant and misdiagnosed.

From Kyli's perspective, these were the efforts and focuses that did work for her.

- Kyli was allowed to work and complete internships while at her last treatment program. This helped her build on her skills and help with reengagement in her community.
- The treatment programs with shorter time frames were more helpful since Kyli was not estranged from any community or natural supports for as long.

What is needed?

From Kyli's perspective there needs to be more age appropriate autonomy, basic needs addressed, and youth need a bigger role in the decision making process of their own treatment and care. Youth need to be encouraged to have a voice and advocate for change. Community agencies and treatment centers need to develop treatment around identifying the root trauma that causes the behavior, and have less focus on punishment. Youth need more information about a diagnosis they are given and a choice in how they want treatment for it. Youth need to not be treated as incompetent; this creates mistrust, and negatively affects relationships. There is also a great need for more integrated services and easier access to them for youth and young adults.

HRSA Grant- Pediatric Mental Health Care Access Program: Codie Thurgood, DSAMH Program Manager Children's Team:

DSAMH is currently working with the Department of Health on a HRSA (Health Resources and Services Administration) grant to increase access for pediatric primary care providers to have integrated behavioral health services. Besides increasing access, this would enable providers to better understand behavioral health issues, have earlier diagnosis, appropriate treatment recommendations, and appropriate referrals. This would enable the physician to be able to consult with mental healthcare providers and provide more early diagnosis and prevention from birth through th school years. The Telehealth piece would allow access to the same care even in rural areas. This could create potential partnerships with the LMHA's.

One of the barriers is that while the primary care physicians can bill for consultations, mental health providers can't. This will have to be considered in the HRSA grant and how it can be implemented in a cost effective manner.

UBHPAC is in support of the HRSA Grant. Dan would like to write a letter in support and made a 1st motion of approval, Ken made a 2nd motion. All were in favor of the letter of support and Dan will forward to the Executive Committee for review once it is completed.

Legislative updates: Jeremy Christensen

Jeremy discussed the following bills, and the specific details were taken from the latest USAAV+ update from Mary Lou Emerson. The review of these bills does not reflect the support of UBHPAC, but may allow for further questions and discussion.

4 th Sub. S.B. 96 – Medicaid Expansion Adjustments: This bill makes changes to eligibility for and administration of the state Medicaid program; directs the Department of Health to continue to seek approval from the federal government to implement a Medicaid expansion; directs the Department of Health to seek approval from the federal government to expand eligibility for the Medicaid program to individuals whose income is below 100% of the federal poverty level in a manner that: incorporates a per capita cap on federal reimbursement; limits presumptive eligibility; imposes a lock-out period for individuals who violate certain program requirements; gives enrollees continuous eligibility for a period of up to 12 months; allows Medicaid funds to be used for housing supports for certain enrollees; and permits the state to limit enrollment; if the federal government does not approve an expansion in the manner requested by the department, directs the department to expand eligibility for the Medicaid program to individuals whose income is below 138% of the federal poverty level, with certain cost controls; if the department expands eligibility for the Medicaid program to individuals whose income is below 138% of the federal poverty level and the cost of the expansion exceeds the amounts appropriated: permits the Department of Health to seek additional waivers to control costs of the Medicaid expansion; permits the Department of Health to reduce certain optional Medicaid services; and directs a cut of up to 10% of certain agency appropriations sufficient to cover the costs of the expansion; amends provisions related to various hospital assessments; and amends provisions related to the state sales tax. This bill appropriates in fiscal year 2019: to Department of Health - Medicaid Service.

1st Sub. H.B. 120 – Student and School Safety Assessment: This bill amends provisions of the International Fire Code related to routine emergency evacuation drills; directs the Department of Public Safety to employ a public safety liaison; directs the State Board of Education (Board) to develop a secure digital tool for purposes of reporting school safety information; authorizes the Board to share certain student data as requested by local law enforcement for specified purposes; creates the Student Safety Restricted Account with a 2024 sunset date; creates the State Safety and Support Team Program; requires the Board to develop model policies and procedures for safety and support teams (team); requires a public school to establish a team and conduct a school climate survey; establishes duties of a team, including working with and responding to an individual who poses a threat to the individual, or a member of the school community; enacts provisions granting immunity from liability for a member of a team; requires

law enforcement to report a student to the student's school if that student poses a threat; directs the Division of Substance Abuse and Mental Health to employ a school-based mental health specialist; classifies certain records created by a team as protected; and appropriates \$30,480,000 ongoing and \$67,055,000 one-time to the State Board of Education, \$ 150,000 ongoing to the Department of Public Safety, and \$150,000 ongoing to the Division of Substance Abuse and Mental Health.

H.B. 209 – Extreme Risk Protective Order: This bill enacts the Extreme Risk Protective Order Act; defines terms; enables a family member or law enforcement to ask a court to restrain a person from possessing any firearms or ammunition for a specified length of time; requires the courts to develop and adopt uniform forms for all courts; requires that the court consider whether the respondent: has made recent threats or acted violently; violated a recent protective order; has demonstrated a pattern of violent acts or threats within the past 12 months; is dangerous; or has attempted or threatened self-harm; allows a court to issue a search warrant if a respondent refuses to surrender firearms and ammunition upon service of an order; requires the courts to enter the respondent's information into the national crime information center system upon issuance, and to remove the information upon expiration; allows the respondent to surrender firearms and ammunition to a law enforcement agency or a federal firearms licensee; provides for disposal if the firearms and ammunition are not reclaimed upon expiration; requires the director of POST to create and implement training and materials; and requires the courts to create and distribute an annual report on extreme risk protective orders.

S.B. 39 – Assisted Outpatient Treatment for Mental Illness: This bill creates a process for the provision of assisted outpatient treatment for an individual with mental illness; defines "assisted outpatient treatment" as "involuntary outpatient mental health treatment ordered under Section 62A-15-630.5"; describes the services provided to an individual receiving assisted outpatient treatment; describes the process whereby an individual is court ordered to receive assisted outpatient treatment; and requires a designated examiner to consider assisted outpatient treatment when evaluating a proposed patient for civil commitment.

Subcommittee Reports:

Subcommittees met and reconvened at 2:10 PM

Prevention:

The Prevention committee discussed trauma informed care, the focus on schools and primary care, and how to make people aware of the available crisis centers and how to utilize them.

The idea of initiating prevention programs in elementary schools to track emotional development progress was also discussed. The group would like to set up a meeting with Kathy Davis and the Board of Education to discuss and possibly present at the school counselor conference.

Treatment:

The Treatment committee discussed HB120/Risk Assessment.

Questions about Risk Assessment: Will identifying risk factors early isolate those needing help rather than helping them, especially youth of color and youth with disabilities. How are the assessment teams formed and how do they operate? What happens with the assessment? Where is the information held? When do they perform the assessments? Is there a specific protocol that is statewide? Will this make youth more of a target? Will law enforcement deal with acute suicide issues and is that within their scope of duties?

The Treatment group agreed that youth who are labeled with disabilities are more likely to be victims rather than perpetrators. The Treatment Sub Committee would like to write a letter to address these issues in order to make recommendations regarding these issues and the protocol.

Recovery:

The Recovery group discussed concern about the new homeless shelters; how to keep them functioning properly. There was discussion about creating a committee to help with this or to look into one that may already be created. It is noted that there will be three new shelters: VOA Women's Shelter, Road Home Men's Shelter, and Catholic Services Mixed Shelter. Would like to see training programs in place as well as triage, the need for follow through treatment plans with an assigned treatment team e.g. case manager, therapist, peer support, etc., and a plan for clean and sober housing.

The group also discussed concern about the felony Drug Court program; how it is functioning and concern that their clientele are taking up treatment beds that could be used more wisely given they have the capability to provide in house services.

Action items –

- Assign someone to find appropriate contact information regarding the new homeless shelters gearing towards specific oversight committees. Peggy, Sigrid and Lisa to attend Collective Impact / Shelter the Homeless Meeting next week. Will bring back pertinent info for the group
- Assign someone to find appropriate contact information for felony drug court specifically someone targeted to our concerns. o Ken said Jeff Marrott is our point of contact that he can provide us with most, if not all, of the information we are looking for to get a sense of the best direction for our next steps.

New business – Get copy of excel file for block grant dollars to see where we can be most helpful Next meeting date – March 7

Next meeting will be March 7th 2019, 12:00 P.M.

Thank you for your support of the UBHPAC!

Accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.

The State has adopted a stipend policy that will pay for reasonable travel expenses related to consumers and advocates attendance at UBHPAC meetings. For more information please visit www.dsamh.utah.gov – Initiatives – Behavioral Health and Advisory Council – Information & Forms – UBHPAC Stipend Policy.

All meeting minutes and recordings are posted on the Public Notice website at:
<https://www.utah.gov/pmn/sitemap/publicbody/51.html>